



ST. JAMES-ASSINIBOIA SCHOOL DIVISION IJOA-E-1

SCHOOL NAME: _____
INFORMED CONSENT PERMISSION FORM FOR EDUCATION TRIPS *(Students under 18 years of age)*

Description of Activity: _____

Description of Transportation: _____

Date of Activity: _____

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

Elements of Risk:
Educational activity programs, such as the above activity, involve certain elements of risk. Injuries may occur while participating in these activities. Following are examples of the types of injuries possible when participating in the above activity. There may also be risk of other types of injury.

1. _____
2. _____
3. _____

The risk of sustaining injuries results from the nature of the activity and may occur without fault of either the student or the School Board, its employees, or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. By signing this consent form you indicate that you understand that your child is participating in an activity with the associated risks as outlined above.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

The School Board provides the Universal Student Accident Insurance program which ensures coverage for all students while at school, involved in school activities on or away from the school premises and while traveling to or from school or a school activity (in province only). This insurance does not, however, replace voluntary student accident insurance. Parents may want to consider additional student accident insurance. e.g. Voluntary Reliable Life Student Accident Insurance which would complement and not replace the Universal Student Accident Insurance.

The School and Division do not assume any financial responsibility in the event that students are stranded or delayed due to events and circumstances beyond the control of the school division. The School and Division also do not assume any financial responsibility in the event that a field trip is postponed or cancelled. The School and Division strongly recommend parents purchase trip cancellation insurance.

For field trips outside Manitoba, students must be covered by additional extended health coverage (dental and ambulance transportation) along with travel health insurance.

****VOLUNTEERS WHO DRIVE STUDENTS TO/FROM ATHLETIC, SOCIAL, RECREATIONAL AND CULTURAL ACTIVITIES WITHIN THE SCHOOL DIVISION BOUNDARIES AND THE CITY OF WINNIPEG AND AFTER THE REGULAR SCHOOL DAY, ARE EXEMPT FROM A CHILD ABUSE REGISTRY OR CRIMINAL RECORD CHECK.**

Acknowledgement:

We, _____ and _____ understand and accept the above and
(Parent/Guardian's Name) (Student's Name)
hereby give permission for _____ to participate in the activity described above.
(Student's Name)

Name of Student: _____ Signature: _____ Date: _____
(Print)

Name of Parent/Guardian : _____ Signature: _____ Date: _____
(Print)

APPROVED 80/05/27; REV. May 26/11 Motion 10-02-11

**** PARENTS MUST FILL OUT A NEW MEDICAL FORM (IJOA-E-13) ANNUALLY, WHICH WILL BE KEPT ON FILE FOR THE SCHOOL YEAR. PARENTS MUST NOTIFY SCHOOLS IN WRITING OF ANY CHANGES TO THEIR CHILD'S MEDICAL INFORMATION DURING THE COURSE OF THAT YEAR.**

The personal information contained on this form is collected and protected under the authority of the Public Schools Act, the Education Administration Act, the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act, and will be used and disclosed for the purpose of participating on school trips. If you have any questions about the collection of this information contact the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, (204) 888-7951.